



Waverley Borough Council Scrutiny Review

Factors affecting health inequalities in the
Borough

September 2017



SCOPING A SCRUTINY REVIEW

Background

Overview and Scrutiny by definition of the Local Government Act 2000 has the power to investigate and review an issue or concern by conducting an in-depth scrutiny review. Choosing the right topic for an in-depth scrutiny review is the first step in guaranteeing that the work of scrutiny adds value to the corporate priorities and benefits the Borough's residents. The Overview and Scrutiny Committee may wish to appoint a members task and finish group to undertake a majority of the research and to evaluate the evidence.

What makes an effective scrutiny review?

An effective scrutiny review must be properly project managed. The review must clearly state the aims & objectives, rationale and how the review will contribute to policy development / improve service delivery. To ensure the review goes well it is vital that the scope is robust and thorough and is treated as a project plan. The review should be SMART (Specific, Measurable, Achievable, Realistic & Time-bound) in its scope in order to have the most impact. The scoping template is designed to ensure that the review from the outset is focused exactly on what the members hope to achieve.

The scoping document should be treated as the primary source of information that helps others understand what the review inquiry is about, who is involved and how it will be undertaken. Once the scoping document is complete it should be circulated to relevant officers and key members of the Executive for comment before being agreed by the relevant Overview & Scrutiny Committee. The scrutiny review will be supported by the Scrutiny Policy Officer.

What happens after the review is complete?

It is important that the relevant Overview & Scrutiny committee considers whether an on-going monitoring role is appropriate in relation to the review topic and how frequent progress is reported back to the Overview & Scrutiny committee after completion. Overview & Scrutiny should be monitoring the progress and reviewing the changes that have been made as a result of a scrutiny review to ensure the work undertaken has been effective in achieving its objectives.

FOR COMPLETION BY MEMBERS PROPOSING THE REVIEW

Topic		
1.	Title of proposed review:	Factors affecting health inequalities in the Borough.
2.	Proposed by:	Cllr Macleod and Cllr Wheatley

Who is involved?		
3.	Chair of the task and finish group:	Cllr Macleod
4.	Members on the task group:	Cllr Andy Macleod Cllr Liz Wheatley Cllr Patricia Ellis Cllr Nabeel Nasir Cllr Nick Williams Cllr Sam Pritchard
5.	Scrutiny Policy Officer:	Alex Sargeson

Research programme	
6.	<p>Rationale / background to the review: Why do you want to undertake this review? What has prompted the review? E.g. legislation, public interest, local issue, performance information etc.</p> <p>A starting point for this review was information from the Waverley Health Profile 2016, Public Health England, which reported life expectancy as being 11.8 years lower for women and 7.8 years lower for men in the most deprived areas of Waverley than in the least deprived areas. This data is of concern as Waverley is ranked the 323rd least deprived Local District Authority according to the gov.uk indices of multiple deprivation (IMD) 2015.¹</p>

¹<https://mycouncil.surreycc.gov.uk/documents/s34285/Annex%203%20Waverley%20Health%20Profile%202016.pdf>, p. 99. At the time of writing a new local health profile from Public Health England was released on July 13th 2017. This new profile reduced the disparity in life expectancy in women and men from the least to the most deprived areas to 9.5 years 5.7 years respectively. However while the gap in life expectancy has reduced in both genders from the 2015 data there is still nearly a 10 year gap for women.

A report from the Kings Fund titled 'The role of District Council contribution to public health' states that our health is primarily determined by factors other than health care and lower tier councils have considerable scope to influence many of the factors that determine our health.² These are the wider determinants of health, such as factors that affect the local economy and the environment, e.g. levels of relative deprivation, unemployment, the built and natural environment (planning), social isolation, education, cost of living, housing conditions, the environment, fear of crime; lifestyle factors such as alcohol misuse and smoking; and the spatial environment to ensure the local population can access health and social care services.

The Joint Strategic Needs Assessment (JSNA)³ notes that people who engage in negative lifestyle risk behaviours, such as smoking and alcohol misuse, are more likely to develop poor health and mental health (including hypertension, stroke, heart disease, depression, anxiety and insomnia). Smoking is the primary cause of preventable illness and premature death and rates are much higher in the relatively deprived communities, which have a significant impact on increasing health inequalities by reducing life expectancy. Broad measures indicate that Surrey has statistically significant higher rates of alcohol-related hospital admissions compared with the south east region. In terms of Waverley, the JSNA notes that Godalming Centre and Ockford ward is one of a handful of wards across Surrey to feature high rates of local smoking prevalence (JSNA lifestyle chapter p4).⁴

The JSNA also mentions that these behaviours are influenced by the wider determinants of health. As a precaution the wards and data mentioned in this scope should be treated relatively and compared to the national average there are good levels of mental wellbeing within Surrey. Data from the (JSNA) and the UK local area profile report that the following wards perform worse on the Indices of Multiple Deprivation (IMD)⁵ within Waverley; Godalming Central & Ockford Ridge (010A), Binscombe (005C), Farnham Upper Hale (002E) Cranleigh East (013C) and Farnham Castle (003B).⁶ The latter ward (Farnham Castle) is mentioned in the JSNA summary for Surrey as the ward with the second highest recorded levels of common mental illness within the County.⁷ According to Waverley's Health and Wellbeing Strategy 2016-2021 Godalming and Ockford ridge ward has the highest recorded level of common mental illness within Surrey and Farnham Moor Park is the 5th highest in the same table.⁸ There does not appear to be one common factor as to

² The district council contribution to public health: a time of challenge and opportunity: The Kings Fund, David Buck and Phoebe Dunn, p. 5.

³ JSNA Chapter: Improving Health Behaviours (Surrey), p.1.

⁴ The LGA has responded to the Government's new Tobacco Control Plan. Despite smoking levels decreasing to 15.5% nationally, there remains one in five still smoking and reducing this further is made more difficult by the Government's reductions to the public health budget, which councils use to fund smoking cessation services.

⁵ The IMD takes into account income, employment, health and disability, education training and skills, barriers to housing and services, crime and living environment.

⁶ <http://www.uklocalarea.com/index.php?q=Waverley>

⁷ JSNA Chapter: Wellbeing and Adult Mental health:

<http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1740&cookieCheck=true&JScript=1>

⁸ Health and Wellbeing Strategy 2016-2021, Waverley Borough Council, <https://modgov.waverley.gov.uk/documents/s8431/Draft%20Health%20and%20Wellbeing%20Strategy%202016-2021%20Annex%201.pdf>, p. 6.

why each of these wards features in this data. However it is noted that improvements in mental health are linked to improved health outcomes.⁹

Data from the (JSNA) mentions Surrey County has the highest group of people with high anxiety scores and national data points towards there being a considerably higher prevalence of mental health problems (generalised anxiety, panic disorder and depressive disorder) in the county *than people diagnosed or received treatment*.¹⁰ While the JSNA has reported common mental health needs in Surrey are relatively low compared to England, barriers such as stigma, poor transport infrastructure and social isolation may be contributing factors for a higher prevalence of mental health problems whilst having relatively low recorded mental health needs.¹¹ For example data from the JSNA reports that for mental health (depression and anxiety for 18+) Waverley has a score of 8.2% of the population.¹² This is compared to a national average for England of 7.3% and an average for Surrey of 6.6%.¹³ Furthermore Waverley is ranked third from bottom (8/11 District Councils in Surrey) for populations aged 18-64 predicted to have a common mental health illness in Surrey.¹⁴ Moreover for populations aged 65+ predicted to have depression as of 2017 Waverley is ranked the lowest of the 11 District Councils in Surrey.¹⁵

It is hoped that taking action through tackling the wider determinants of health, lifestyle factors and improved access to health and social care to reduce health inequalities will reduce the disparity of life expectancy in the Borough.

7.	<p>Terms of reference:</p> <p>What are your desired outcomes?</p> <p>What are the objectives for this review? (Linked to the research questions but are used to describe the general aims and outcomes of the review).</p> <p>Which research questions do you want to answer? (Questions upon which the review will be focused and for which timely and informed answers can be developed in accordance to the evidence collected)</p> <p>District councils have a key role to play in reducing health inequalities as part of their health and wellbeing responsibilities. The Kings Fund's acknowledges our health is primarily determined by factors other than health care. District Councils do have statutory health duties for the wider determinants of health such as, housing, leisure facilities, environmental health, economic development, the built and natural environment and</p>
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⁹ Overview and Scrutiny Committee Review of Inequalities:

<https://www.gateshead.gov.uk/DocumentLibrary/Care/JSNA/002.pdf>

¹⁰ This may be due to the stigma of having a mental health problem and thus making it harder for people to seek help from services. Or is this the case that people are unable to receive timely treatment?

¹¹ Again, mental health needs may be low due to the stigma of the issue and a lack of timely support and treatment being available.. or being unaware this care is 'out there' across a range of providers, including the voluntary and charitable sector.

¹² JSNA Chapter: Wellbeing and Adult Mental health, p. 6.

¹³ Ibid.

¹⁴ Data from Surrey.

¹⁵ Ibid.

enabling communities (among other factors affecting the local economy and environment).¹⁶

Terms of reference

Desired outcomes

To understand the role of the Borough Council in improving the health and wellbeing of the local population by reviewing the reasons for the disparity in life expectancy between the least and most deprived areas within Waverley and using this understanding to inform policy.

Objectives for the review

- To review a selection of the wider determinants of health as identified by this scope and a selection of lifestyle behaviours to illustrate the impact these factors have in producing both health and mental health inequalities in the Borough.
- To understand the relationship between the social determinants of health, negative lifestyle behaviours and the spatial environment on health outcomes.
- To understand how the geography and rural nature of borough affects the health and mental wellbeing of residents and how this impacts access to health and social care services
- Identify successful approaches to tackling health inequalities across wards by looking at case studies from other local authorities
- To consider where direct investment is most needed to reduce immediate health inequalities, including applying proportionate universalism as a concept into policy
- To make recommendations to the Executive and partners to reduce health (and mental health) inequalities and improve the lives and health of residents and communities within Waverley
- To improve how Waverley Borough Council engages with Public Health to tackle health inequalities by highlighting the health duties of the Borough Council through research and evidence of impact.
- Work towards developing a local preventative approach to health and mental health in collaboration with Public Health England.
- In addition to these objectives to examine the family support schemes funding and recommend a way forward.

Research questions / key lines of inquiry

1. What are Waverley Borough Council's health duties?
2. How do our current policies reflect our commitment to reducing the difference in health outcomes and life expectancy between the least and most deprived areas of the Borough?

¹⁶ The district council contribution to public health: The Kings Fund, Buck and Dunn, p. 19-20.

	<ol style="list-style-type: none"> 3. How do the wider determinants of health (social, economic and environment), affect our health and mental health? 4. To what extent do negative lifestyle behaviours impact on health and mental health? 5. What is the existing role of the planning process in relation to providing for health and wellbeing and its contribution towards reducing inequalities? (e.g. through the National Planning Policy Framework, the Local Plan 1 and 2 and on planning decisions for existing applications). 6. How does housing and planning policy contribute to improved health and wellbeing? 7. Why is the inequality between the least and most deprived areas greater for women than men? 8. Do factors that increase health inequalities differ from ward to ward? And if so why? 9. How can the Council work with Public Health to promote the prevention of negative lifestyle behaviours (smoking and alcohol misuse) And what does successful prevention look like? 10. To what extent does having a common mental health problem reduce life expectancy? And how can negative lifestyle behaviours such as substance and alcohol misuse contribute to poorer mental health? <i>(according to Oxford University, serious mental illnesses reduce life expectancy by 10-20 years – a loss of years that's equivalent to or worse than for heavy smoking).</i>¹⁷
8.	<p>Policy development and/or service Improvement How will this review add to policy development and / or service improvement</p> <p>Policy Development:</p> <p>This review has policy development implications for a wide-range of services that affect the wider determinants of health (housing, the built and natural environment, which includes planning; leisure, economic development). For instance this review will look into how the concept of proportionate universalism can be imbedded into the planning and delivery of council services to reduce health inequalities.</p> <p>There are also likely to be implications around ensuring all significant decisions consider the impact on the health and mental health of residents and service users before decisions are made; including taking into account how equitable services are / will be to the local population. In this respect, with the assistance of Public Health, it may be possible to identify where health equity audits and health inequality impact assessments would assist the Council to ensure it is seen to be more proactive in collating evidence on the health economics of its activities and considers the impact on residents' health (and mental health) in future decisions. Other outcomes expected from this review relate to preventing behaviours that damage a person's health (smoking and excessive alcohol consumption), e.g. by encouraging behavioural change.</p> <p>Public Health will no doubt have an important role in this piece of work and it is anticipated that there will be a handful of recommendations that will require the Council to work with the Public Health team at Surrey County Council to implement the recommendations</p>

¹⁷ <http://www.ox.ac.uk/news/2014-05-23-many-mental-illnesses-reduce-life-expectancy-more-heavy-smoking>

coming from this review. Therefore how the Council engages with Public Health and uses its Community Wellbeing function in the broadest sense to build resilient and healthy communities will be critical to ensure the findings and legacy of this review encourages greater partnership working with our health colleagues.

In addition how Surrey County Council engages with the planning team at a local district level has important implications for ensuring future developments take into account the local health infrastructure need. Moreover the recommendations of this review may also help to inform where CIL monies can deliver transport infrastructure support to and from local health services in relation to future residential development sites.

It is also likely that this review will encourage and advocate for a greater role from the Borough Council in the Surrey health devolution deal to ensure the future funding provision for local health and social care services within the Borough are protected at the very least.

9. **Corporate priorities:**

How does the review link with the corporate priorities?

http://www.waverley.gov.uk/info/200009/council_performance/524/waverley_corporate_plan_2016_-_2019#

Community Wellbeing – building resilient and healthy communities by addressing health inequalities that affect life expectancy disparity in the Borough.

10. **Scope:**

What is and what isn't included in the scope? E.g. which services does the scope cover?

NB: Dahlgren and Whitehead's 1992 representation of the wider determinates of health illustrates factors that affect a person's health and wellbeing. This diagram was used to help scope this review.



The scope of this review is to explore three aspects of the wider determinants of health which are:

1. Local economy and environment
2. Lifestyle behaviours
3. Equity of access to health and social care services

Local economy and environment

This will include **housing services** (housing enabling; service improvement; housing development, private sector housing) and **the built and natural environment which will primarily focus on planning** (policy team and development control). These two areas were chosen to illustrate with evidence the impact the local economy and the environment has on health and wellbeing, including life expectancy.

Housing was chosen because access to good quality housing, both in the public and private sector, is critical to good mental and physical health. Access to genuinely affordable housing (not the sector definition) is a prevalent issue not only in the Borough but across the whole county. Research from Shelter (2017) suggests the most common mental health problems amongst those experiencing housing worries are: stress, 64%, anxiety 60%, sleep problems, 55%, depression 48%, and panic attacks 30%. This in turn impacts on life expectancy. This review will focus equally on private sector housing standards as this is an area that has received little scrutiny in recent times.

The built and natural environment was chosen due to its impact on the provision of services such as housing, the spatial environment, infrastructure and proximity of services. Within the area of planning this review will be focused upon how the planning policy context impacts on the indices of deprivation within certain wards and will use this information to understand how steps can be taken so that the Council's planning powers and role as a local developer can aid the health and mental wellbeing of the local population.

Lifestyle behaviours

To focus on the impact **smoking and alcohol misuse** has on health outcomes.

Equity of access to health and social care services

The extent to which people are able to access health and social care services (GP and community health and mental health services) due to a) increased demand, b) reduced funding and therefore reduced service provision and c) transport infrastructure barriers.

This scope will not include:

The role of social and community networks on an individual's health and 'activities', i.e. social capital. While this review recognises this is extremely important in affecting a person's mental wellbeing, it is not within the scope of this review to investigate this determinant of health. However this review will consider implicitly how the Borough's

	<p>unique rural geography affects an individual's mental wellbeing, in particular around the problem of social isolation, as part of discussion around the built and natural environment.</p>
<p>11.</p>	<p>Methodology and methods: Your methodology underpins how you will undertake the review. For example what evidence will need to be gathered in-house and from external stakeholders / partners? Your research methods are the techniques used to gather knowledge and information. These include but are not limited to desk based research, interviews, site visits, engagement exercises, surveys, focus groups etc. How do these methods help you to answer your research questions in section 7?</p> <p>Methodology:</p> <p>Preliminary / core evidence that will need to be collected to inform this review is as follows:</p> <ul style="list-style-type: none"> a) Local area profiling of the indices of multiple deprivation per ward to find out which determinant(s) of health contribute towards health inequalities. (It is recognised that it may not be possible to pin down a direct causation to one factor. Rather, health inequality is a result of a number of factors, but one or more determinants may be more prevalent than other factors; but there is no guarantee that this will be the case across all wards in the Borough that feature relatively higher than other wards on the IMD). b) Evidence to show that current policies in housing and planning take into account health inequalities. And if not, why not? c) Evidence from organisations such as Citizens Advice, Catalyst, Healthwatch Surrey etc. to show both qualitative and quantitative information of how determinants of health and lifestyle factors affect health and mental health. This may also include data to show access to health and social care services. d) To identify how other District/ Borough Councils have applied the concept of proportionate universalism into their housing and planning policies. e) To take evidence and advice from Public Health England and other councils about how to implement the prevention agenda into policy to reduce the impact of negative lifestyle factors on ill health. <p>Methods:</p> <p>A series of Member task group meetings will be held to hear evidence from both internal and external guests. Members will hear information and statements from witnesses and then provide questions to probe additional information to answer the key research questions as set out in this scope.</p> <p>It is anticipated there will also be a collection of written evidence submissions from other witnesses to aid the evidence gathering for this review.</p> <p>Anecdotal evidence will also be welcomed to demonstrate evidence of need.</p>

Council services expected to contribute	
Council Service	Reason / Intention for evidence
12. Housing (Private Sector Housing Manager, Housing Support Officer, Housing Tenancy and Estates, Family Support Manager, Sheltered Housing and Community Development (Housing))	
13. Planning Policy and Development Control	
14. Community Wellbeing (health & wellbeing aspect)	
15. Licensing enforcement (Alcohol)	

External Witnesses to be invited / submit evidence	
Organisation	Reason / Intention for evidence
16. Public Health England, Surrey County Council.	
17. Health and Wellbeing Board, Surrey County Council.	
18. Guildford & Waverley Clinical Commissioning Group (CCG)	
19. Citizens Advice Bureau	
20. Catalyst – the welcome project Waverley	
21. Healthwatch Surrey	
22. Local GP's	
23. Local authorities: Medway, Gateshead, South Somerset, Rotherham (written evidence submissions)	
24. Housing Association representative	
25. Shelter (housing charity)	
26. Voluntary Action South West Surrey Guildford and Waverley Mental Health Forum	

27.	Healthy Minds Surrey	
28.	Richmond Fellowship	
29.	Acorn (Community Drug & Alcohol Services)	
30.	Alcoholics Anonymous (mid-Surrey Intergroup)	

31.	Project plan: What is the proposed start and finish date? How many task and finish group meetings are anticipated to support this review? Are the task and finish group meetings going to be thematic in approach? If so, what themes / policy issues will the task group consider in each respective task and finish group?	
	Timescale	
	Proposed start date:	September 2017
	Proposed finish date:	January 2018
	Task and finish group plan	
	How many task and finish groups are anticipated to support this review? Fill in and strike through as appropriate.	5
	Task group theme (1): Introduction and overview of topic	
	Aim: To gain an understanding about how the determinants of health affect life expectancy; and to learn about the factors that influence determinants of health. Show case data to set the scene and go through the objectives of the review. Visual data aids to show health inequalities across the borough. Confirm research questions, task group structure and agree witnesses for future meetings.	
	Witnesses:	
	<ul style="list-style-type: none"> • Karen Simmonds, Public Health England (Surrey County Council) • Katie Webb, Community Service Manager (Waverley Borough Council)? • Damian Roberts, Strategic Director for Frontline Services (Waverley Borough 	

Council)

Task group theme (2): Local economy and environment

Aim:

To find out the extent to which housing, both public and private, and planning contribute to health inequalities and;

Identify the factors within housing and planning that contribute to poorer health outcomes and if this differs across wards, why?

To look at the extent to which current housing and planning policy takes into consideration reducing health and mental health problems

Witnesses:

- Housing Officers (Private Sector Housing Manager, Housing Support Officer, Housing Tenancy and Estates, Family Support Manager, Sheltered Housing)
- Kate Douglas, Community Development Worker, Waverley Borough Council?
- Representative of a Housing Association
- Planning Policy Officers, Waverley Borough Council.
- Karen Simmonds, Public Health, Surrey County Council.
- Citizens Advice Bureau?

Written evidence and research from:

- Local authorities: Medway, Gateshead, Rotherham & South Somerset DC?
- Shelter?

Task group theme (3): Lifestyle behaviours

Aim:

To investigate and hear evidence from witnesses regarding the impact of smoking and alcohol misuse on mental health and life expectancy;

To understand the extent to which poorer social determinants contribute to a rise in the population taking up negative lifestyle behaviours such as smoking and alcohol misuse.

To learn which demographic is most at risk in developing health risks as a result of smoking and alcohol misuse; and

To learn what successful prevention and intervention looks like.

Witnesses:

- Public Health Officers with responsibility for smoking and alcohol misuse, Surrey County Council.
- Representative from the Health and Well-being Board, Surrey.
- Catalyst, (drugs, alcohol and mental health)
- Licensing enforcement (Alcohol), Waverley Borough Council.
- Alcoholics Anonymous?
- Acorn?

Task group theme (4): Equity of access to health and social care services

Aim:

What is the local health and social care provision in the Borough?

What is the current need among the population for Tier 2 services? (Primary Community Services – where there is an identified health and mental health need).

JSNA states for Tier 2 primary community services the need is approximately 1 in 4 people

Has it become harder to access these services over time? And is this because more people are experiencing health and mental health difficulties? Following on from this to what extent has the local voluntary and charitable sector provided a psychological therapy, community and supported employment service? ¹⁸

To understand if there are geographical trends between areas that have a relatively higher IMD as identified by the JSNA and Public Health England and local areas that struggle to access health and social care services.

¹⁸ What does this say about the level of demand v the level of need in the local population?

	<p>Witnesses:</p> <ul style="list-style-type: none"> • Guildford and Waverley Clinical Commissioning Group Representative • Healthwatch Surrey • Written evidence from local GP's? • Healthy Minds Surrey? • Voluntary Action Southwest Surrey Guildford and Waverley mental Health Forum? • Richmond Fellowship? <i>(Need approx. 1 in 4 people) The majority of commissioned service is in the voluntary and charitable sector providing psychological therapy, community and supported employment services – JSNA) ref. Richmond Fellowship.</i> <p>Task group theme (5): Conclusions and Recommendations</p> <p>Aim:</p> <p>To make conclusions and recommendations.</p>
32.	<p>Scrutiny resources: In-depth scrutiny reviews are facilitated and supported by the Scrutiny Policy Officer.</p> <p>Alex Sargeson, Scrutiny Policy Officer (research and policy support to task group with the responsibility to compile information and write the final report).</p> <p>Yasmine Makin, Graduate Management Trainee (research and policy support to the task group).</p> <p>Emma Dearsley, Democratic Services Officer (organisation of task group meetings and recording key points and actions in task groups)</p>

For completion by Corporate Policy Manager	
33.	<p>Corporate Policy Manager comments Will the proposed scrutiny timescale impact negatively on the scrutiny policy officer's time? Or conflict with other work commitments?</p>

<p>The review is wide ranging and for this reason an additional resource has been brought into the Policy Team to support the Scrutiny Policy Officer on a short term basis. I would expect the outcome of the review will positively inform the policy context of the Council.</p>	
Name:	Louise Norie
Date:	18/07/2017
For completion by Lead Director	
34.	<p>Lead Director comments Scrutiny's role is to influence others to take action and it is important for the task and finish group to seek and understand the views of the Lead Director. Are there any potential risks involved that may limit or cause barriers that scrutiny needs to be made aware of?</p> <p>I welcome the review. The topic is a very important issue for Waverley and its residents and makes a vital contribution to Place Making. I am not aware of any significant risks other than the availability of staff in other organisations.</p> <p>Are you able to assist with the proposed review? If not please explain why? Are you or Senior Officers able to provide supporting documentation to this task group via the coordination of the Scrutiny Policy Officer?</p> <p>Yes</p> <p>I have sufficient experience of this topic from my previous local government roles.</p>
Name and position:	Damian Roberts, Strategic Director-Front Line Services
Date:	11 August 2017
For completion by Executive Portfolio Holder	
35.	<p>Lead Executive members comments As the executive lead for this portfolio area it is important for the task group to seek and understand your views so that recommendations can be taken on board where appropriate.</p> <p>The examination of this very interesting and important issue has my full support. The disparity between the respective life expectancies which has been identified is unacceptable and our Corporate Priorities certainly</p>

recognise the potential of the Council's ability to impact upon the wellbeing and general quality of life of our residents.
 Of particular interest for me within my Portfolio is the effect of social isolation contributing to a longevity outcome which is compromised. This is recognised in the approach of both Waverley's Health & Wellbeing and Cultural Strategies. The result of the study will, I hope, underpin the need for their stringent implementation and adjustment wherever possible.
 Please do not hesitate to include me in any aspect of this piece of work if it is thought that I may be of help.

Name and position:

Jenny Else
 Portfolio Holder Health & Wellbeing & Culture

Date:

15/08/2017